

P.S. I Love Dance Artistic Dance Academy

Registration Form

Please complete the following information:

Students Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____

Mothers/Guardian Name: _____ Cell: _____

Fathers/Guardian Name: _____ Cell: _____

Email: _____

Any medical conditions that may affect learning or physical activity? Yes or No

If yes, please explain: _____

Emergency contact information:

Name: _____ Phone: _____

Relationship to child: _____

Tuition/Payment Policy:

Each child will be responsible for paying an **annual registration fee of \$35.00**. This fee must be paid at the time of registration. No child will be permitted to participate in classes without first registering and making this payment.

Monthly payments - **Tuition is due on the 1st of every month, anything received after the 8th is late.** A \$15.00 late fee is automatically added if not paid by the 8th of each month. Additional \$10.00 will be automatically added if not paid by the 15th of each month. A \$30.00 fee will be assessed for all checks returned to our bank for insufficient funds, etc. Failure to pay all tuition and fees in a timely manner may result in suspension of the student from classes.

****This will be enforced, due to loss from the past years.****

Signature acceptance: _____

Registration Fee date: _____

Release and Waiver of Liability/Parental Consent:

I, _____, parent/legal guardian of _____, do hereby give permission for my son/daughter to participate in all dance classes and events. I understand the nature of this activity, and to my knowledge, my child is qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child's actions, actions of others participating in the activity, and/or the negligence of the releases named. I fully accept and assume all such risks and all responsibility for losses, cost, and damages my child incurs as a result of participating in this activity. I release all administrators, directors, teachers, volunteers and employees associated with the program from all liability in case of injury while participating in or traveling to and/or from practices and/or events. I have ample insurance to cover an injury occurring during and/or resulting from dance class. Academy is not responsible for any lost, stolen, or damaged property. It is the child and parents' responsibility to keep track of all shoes, personal property, etc. I have read and agree to everything stated in the Policy Book.

Parent/Legal Guardian Signature: _____

Student Signature: _____

Date: _____